Form (RF-3)

SUMMARY SHEET

į	Change in Company's premium or ra	July 1, 2007	
	(1)	(2)	(3)
	Coverage	Annual Premium Volume (Illinois)*	Percent Change (+ or -)**
1.	Automobile Liability		
	Private Passenger		
	Commercial		
2.	Automobile Physical Damage		
	Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine	\$562,718	-1%
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other		
	Line of Insurance		
Does f	filing only apply to certain territory (1	erritories) or certain classes? If so, specify:	
na		,	
Drief	description of filing (If filing follow	s rates of an advisory organization, specify of	organization):
	olify rating of deductibles by adopiting		· ·
Sini	my raining or deductiones by adopting	Sour company factors.	
	· · · · · · · · · · · · · · · · · · ·		
			-

- * Adjusted to reflect all prior rate changes.
- ** Change in Company's premium level which will result from application of new rates.

DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR RECEIVED

MAY 1 4 2007

SPRINGFIELD, ILLINOIS

All America Insurance Company
Name of Company

Mrs. Petrise Meyer
Sr Rates and Forms Analyst
Official - Title

H29219D

SUMMARY SHEET

	Change in Company's premium or ra	July 1, 2007	
	(1)	(2)	(3)
	Coverage	Annual Premium Volume (Illinois)*	Percent Change (+ or -)**
1.	Automobile Liability		
	Private Passenger		
_	Commercial		
2.	Automobile Physical Damage		
	Private Passenger		
	Commercial		
3.	Liability Other Than Auto	***************************************	
4.	Burglary and Theft		
5.	Glass		
6. 7.	Fidelity		
7. 8.	Surety Boiler and Machinery		
o. 9.	Fire		
10.	Extended Coverage		
10.	Inland Marine	\$10,172	-1%
12.	Homeowners	\$10,172	-176
13.	Commercial Multi-Peril	···	****
14.	Crop Hail		
15.	Other		· · · · · · · · · · · · · · · · · · ·
	Line of Insurance		
Does	filing only apply to certain territory (t	erritories) or certain classes? If so, specify:	
na	Timing only apply to certain territory (t	,	
Brief	description of filing. (If filing follow	s rates of an advisory organization, specify of	organization);
Sim	plify rating of deductibles by adopiting	g our company factors.	

- * Adjusted to reflect all prior rate changes.

 ** Change in Company's premium level which will result from application of new rates.

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MAY 1 4 2007

SPRINGFIELD, ILLINOIS

Central Mutual Insurance Company Name of Company

Mrs. Petrise Meyer Sr Rates and Forms Analyst Official - Title

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